

1.) CORPORATION NAME:

DUE DATE: **8/31/2011**

The Bar Plan Mutual Insurance Company

SCC ID NO: **F1520990**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1717 HIDDEN CREEK CT

CITY/ST/ZIP: SAINT LOUIS, MO 63131-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: RICHARD G STEELE
TITLE: VICE CHAIRMAN
ADDRESS: 3113 INDEPENDENCE PO BOX 1300
CITY/ST/ZIP/CO: CAPE GIRARDEAU, MO 63702-1300

☒ OFFICER

☒ DIRECTOR

NAME: JEROME E BRANT
TITLE: CHAIRMAN
ADDRESS: TWO SOUTH MAIN
CITY/ST/ZIP/CO: LIBERTY, MO 64068-

☒ OFFICER

☒ DIRECTOR

NAME: KAREN R MCCARTHY
TITLE: P/CEO
ADDRESS: 1717 HIDDEN CREEK COURT
CITY/ST/ZIP/CO: ST LOUIS, MI 63131-

☒ OFFICER

☒ DIRECTOR

NAME: KENT O HYDE
TITLE: PRESIDENT
ADDRESS: 1121 S GLENSTONE
CITY/ST/ZIP/CO: SPRINGFIELD, MO 65804-

☒ OFFICER

☒ DIRECTOR

NAME: ANN P HAGAN
TITLE: SECRETARY
ADDRESS: 210 E LOVE
CITY/ST/ZIP/CO: MEXICO, MO 65265-

☒ OFFICER

☒ DIRECTOR

NAME:	DENNIS L GILLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8301 EAST 21ST STREET NORTH SUITE 450		
CITY/ST/ZIP/CO:	WICHITA, KS 67206-		
NAME:	WALTER R LAMKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	650 HICKORY LANE		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63131-		
NAME:	JOHN GUNN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1714 DEER TRACKS TRAIL SUITE 240		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63131-		
NAME:	MIKE DELANEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4700 COUNTRY CLUB DRIVE		
CITY/ST/ZIP/CO:	JEFFERSON CITY, MO 65109-		
NAME:	GREGORY KLAUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1717 HIDDEN CREEK COURT		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63131-		
NAME:	CYNTHIA PULVIRENTI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 HIDDEN CREEK COURT		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63131-		
NAME:	GAYLE TEGTMEIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 HIDDEN CREEK COURT		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63131-		
NAME:	KIMBERLY EDGAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 HIDDEN CREEK COURT		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63131-		
NAME:	PATRICK O'LEARY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 HIDDEN CREEK COURT		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63131-		
NAME:	STEVEN COUCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 HIDDEN CREEK COURT		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63131-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KAREN R MCCARTHY</u>	<u>KAREN R MCCARTHY, P/CEO</u>	<u>8/30/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		